

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

0501714 AV

**DOCUMENT # P01000030199**

1. Entity Name  
**KITE COVE VILLA, INC.**

03-24-2002 90049 021 \*\*\*150.00

Principal Place of Business  
**RIVERCHASE SHOPPING CENTER**  
**11232 TAMiami TR N**  
**NAPLES FL 34110**

Mailing Address  
**RIVERCHASE SHOPPING CENTER**  
**11232 TAMiami TR N**  
**NAPLES FL 34110**



2. Principal Place of Business  
**SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.**  
 Suite, Apt. #, etc.  
**8955 FONTANA DEL SOL WAY**

3. Mailing Address  
**SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.**  
 Suite, Apt. #, etc.  
**P.O. BOX 111419**

DO NOT WRITE IN THIS SPACE

City and State  
**NAPLES, FLORIDA**

City and State  
**NAPLES, FLORIDA**

4. FEI Number  
**52-2324471**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country  
**34109 USA**

Zip Country  
**34108-0124 USA**

6. Name and Address of Current Registered Agent  
**ROLLER, PETRA**  
**RIVERCHASE SHOPPING CENTER**  
**11232 TAMiami TR N**  
**NAPLES FL 34110**

7. Name and Address of New Registered Agent  
 Name  
**JANE E. LAMBERSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.**  
**8955 FONTANA DEL SOL WAY**  
 City  
**NAPLES** **FL** Zip Code  
**34109**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Jane E. Lamberson **JANE E. LAMBERSON** 3/5/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAKE, LESLIE</b> <b>METTLWEG 12, CH 4148 PFEFFINGEN</b> <b>SWITZERLAND</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3 PPS ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: LESLEE BLAKE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2002  
 Date Daytime Phone #

CR2E034 (9/01)